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An overview of a developing country about men who are victims of physical and sexual violence

ABSTRACT | Objective: to analyze the victimization data of men, aged between 20 and 59 years, by the different forms of physical and sexual violence, registered in the Violence and Accident Surveillance System / SIVVA in the city of São Paulo (SP). Method: This is a cross-sectional study, with a quantitative, descriptive, retrospective approach. Carried out through the notifications of the Information System for the Surveillance of Violence and Accidents (SIVVA) of the Municipal Health Department of the city of São Paulo, in the period from January to December 2014 in the city of São Paulo, consisting of 6658 men aged between 20 and 59 years. Results: The number of cases of physical violence was 6,624 cases and sexual violence 34 cases against men aged between 20 and 59 years. The aggressor's relationship with the victim was familiar or known to the victim; 61.8% of sexual violence and 42.8% of physical violence. Conclusion: The study showed that the victims were predominantly young adults. Violence in most studies is seen as a major social problem that affects the whole of society, being responsible for illness and deaths caused by actions performed by individuals or, causing physical harm, emotional victims; in addition to generating expenditure for public services

Keywords: Sexual Violence; Men's Health; Sex Education; Public Health.

RESUMEN | Objetivo: Analizar los datos de victimización de hombres, de entre 20 y 59 años, debido a las diferentes formas de violencia física y sexual, inscritas en el Sistema de Vigilancia de La Violencia y Accidentes/SIVVA de la ciudad de Sao Paulo (SP). Método: Se trata de un estudio transversal, con un enfoque cuantitativo, descriptivo y retrospectivo. Realizado a través de las notificaciones del Sistema de Información para la Vigilancia de la Violencia y accidentes (SIVVA) del Departamento Municipal de Salud de la ciudad de Sao Paulo, en el período de enero a diciembre de 2014 en la ciudad de Sao Paulo, con una muestra de 6658 hombres de entre 20 y 59 años. Resultados: El número de casos de violencia física fue de 6.624 casos y violencia sexual 34 casos contra hombres de entre 20 y 59 años. El vínculo del agresor con la víctima era familiar o conocido por la víctima; 61,8% de violencia sexual y 42,8% de violencia física. Conclusión: El estudio mostró que las víctimas eran predominantemente adultos jóvenes. La violencia en la mayoría de los estudios es vista como un problema social importante que afecta a toda la sociedad, siendo responsable de enfermedades y muertes causadas por acciones realizadas por individuos o, causando daño físico, víctimas emocionales; además de generar gastos para los servicios públicos.

Palabras claves: Violencia Sexual; Salud de los Hombres; Educación Sexual; Salud Pública.

RESUMO | Objetivo: Analisar os dados de vitimização de homens, com idade entre 20 e 59 anos, pelas distintas formas de violência física e sexual, registrados no Sistema de Vigilância de Violências e Acidentes/SIVVA da cidade de São Paulo (SP). Método: Trata-se de um estudo transversal, de abordagem quantitativa, descritivo, retrospectivo. Realizado por meio das notificações do Sistema de Informação para a Vigilância de Violência e Acidentes (SIVVA) da Secretaria Municipal de Saúde da cidade de São Paulo, no período de janeiro a dezembro de 2014 na cidade de São Paulo, sendo composto por 6658 homens na faixa etária entre 20 a 59 anos. Resultados: O número de casos de violência física foram 6.624 casos e violência sexual 34 casos contra homens com idade entre 20 e 59 anos. O vínculo do agressor em relação a vítima era familiar ou conhecido da vítima; 61,8% violência sexual e 42,8% violência física. Conclusão: O estudo evidenciou que as vítimas eram predominantemente adultos jovens. A violência na maioria dos estudos é vista como um grande problema social que atinge toda a sociedade, sendo responsável pelo adoecimento e mortes causadas por ações realizadas por indivíduos ou, provocando danos físicos, emocionais as vítimas; além de gerar despesas para os serviços público.

Palavras-chaves: Violência Sexual; Saúde do Homem; Educação Sexual; Saúde Pública.

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INTRODUÇÃO

In recent years, studies have pointed to external causes as an important public health problem, representing an important cause of morbidity and mortality in the world and Brazilian population, especially among the male population.^{1,2} The theme on the men's health situation has reached prominence in Brazil, mainly due to the high rates of morbidity and mortality resulting from external causes that affect this group, as well as its low demand for primary health

care services, which could minimize this aggravating. Morbidity indicators related to external causes can offer an expanded view of the process of vulnerability to health problems of the male population, with the aim of reflecting on the behavior and social life of this population, as well as identifying epidemiological data that illustrate the most pressing problems. in your health. ²

Among the main causes of morbidity and mortality, violence has been highlighted. ³ These in turn are recognized as a violation of human rights and a serious health problem due to their complications for their implications for the physical and emotional health of the victims, as negative consequences for affective and social development, due to the possibility of replicating the phenomenon in future generations. ³

An intersectoral approach is necessary to understand the theme of violence, which involves factors of public security, justice, education and health. The current role of health in this condition, should not be restricted to healing and rehabilitation, but should include prevention and promotion strategies. ⁴

Despite the severe consequences resulting from violence in both sexes, most research that investigates violence is aimed at women, children and adolescents

and the elderly as victims and men as aggressors. There is a scarcity of studies that address the issue of physical violence and sexual violence in men. ⁵ This article aims to analyze the victimization data of men, aged between 20 and 59 years, due to the different forms of physical and sexual violence, registered in the Violence and Accidents Surveillance System/ SIVVA in the city of São Paulo (SP).

METHOD

This is a cross-sectional study, with a quantitative, descriptive, retrospective approach. The study covered a total of 6658 men aged between 20 and 59 years, victims of physical and sexual violence, notified in the Information System for the Monitoring of Violence and Accidents (SIVVA) of the Municipal Health Secretariat of the city of São Paulo, where Accidents and violence notifications are registered through the notification form of suspected or confirmed cases ⁶, from January to December 2014 in the city of São Paulo.

The variables used for the study were: age, male gender, type of violence (physical and sexual), frequency of violence, link between the aggressor and the victim (family and other acquaintances, strangers), sex of the aggressor (male and female), age of the aggressor (in

years), instrument of aggression (use of corporal force, firearm, bladed weapon, blunt object, hanging / suffocation, other means), diagnosis of injury, evolution of the case (referral to services, discharge hospitalization, hospitalization, death in care or received in death) place of violence (residence, street, Long-Term Institution), type of disability (physical, mental, visual) and period of aggression (day and night). All variables were based on data in the public domain informed by the SIVVA (Information and Surveillance System for Violence and Accidents) of the Municipal Health Secretariat of the city of São Paulo.

SIVVA has as its source the notification of assistance to victims of violence / accidents by health professionals. This notification is made through a specific instrument (case notification form or confirmed cases of violence and accidents).

Thus, the SIVVA database is not representative of all accidents or violence, but of the cases that affect health services.

The variables of interest were collected in the database and tabulated. Then, descriptive analyzes were carried out to characterize the sample, by calculating absolute and relative frequencies. The research project did not require approval from the University's Research Ethics Committee, as it involves the use of secondary data from a public domain database, as recommended by the Resolution of the National Health Council (CNS) 510/16.

RESULTS

During 2014, in the city of São Paulo, 6.658 cases of men who were victims of physical and sexual violence were reported. The number of cases of physical violence was 6.624 cases and sexual violence 34 cases against men aged between 20 and 59 years.

As shown in figure 1, physical and sexual violence were more frequent in young adults. Regarding sexual violence, 73.5% occurred in the age group of

Figura 1. Tipo de violência (física e sexual) acometida contra homens, segundo a faixa etária, São Paulo, ano 2014.



Fonte: Secretaria Municipal de Saúde da cidade de São Paulo, 2020.

20 to 39 years old (young adults). With regard to physical violence 71,1% in young adults.

Regarding the frequency of aggression, in physical violence: 41,6% the first time of the aggression and 11,2% suffered physical violence more than once. In sexual violence: 32,4% the first time and 23,5% more than once who suffered sexual violence.

The aggressor's relationship with the victim was familiar or known to the victim; 61,8% sexual violence and 42,8% physical violence. It is worth mentioning that in physical violence, the aggressor's bond with the victim, 8,7% were thieves or burglars, 17,4% others unknown and 0,5% the boss of the victim.

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The main instrument of aggression in physical violence against men was the use of corporal force (63,0%), bladed weapons (9,8%), blunt objects (8,0%), firearms (4,7%). Regarding sexual violence: use of body strength 44,1%, bladed weapon 5,9%.

Data reported on the diagnosis of injury in victims of physical violence were: head injuries (41,2%), injuries involving multiple body regions (19,6%), injuries from an unspecified trunk region, limb or other region of the body (8,4%). The data reported in relation to the diagnosis of injury among victims of sexual violence were sexual abuse (26,5%), psychological abuse (5,9%), respectively, the rest were ignored.

The evolution of cases of assistance to victims of physical and sexual violence, 70% was discharged immediately. In physical violence, 65 cases died during the service or were received in death at the health service.

Regarding the location of the violence (physical and sexual), 18,5% occurred at the victim's residence and 17,9% on a public road. The time of occurrence during the night and dawn. Of the reported cases of physical and sexual violence against men, 11 cases of these victims were physically disabled and 13 cases of mental disability.

DISCUSSION

Violence is a complex phenomenon and a public health issue. ⁷ In the present study, 6.658 cases of physical and sexual violence against men were repor-

ted, these victims being predominantly young adults.

Violence in most studies is seen as a major social problem that affects the whole of society, harming children, adolescents, women, men and the elderly; being responsible for illness and death caused by actions taken by individuals or, causing physical, emotional damage to victims; in addition to generating expenses for public services. ⁸

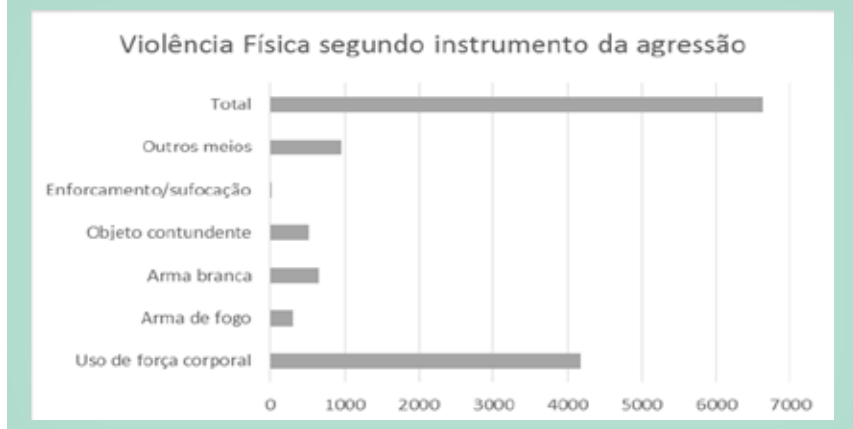
Some studies have pointed out that underreporting exists in many cases, due to the lack of monitoring and guidance for a continuous, standardized and adequate record of violence. ⁸

Garbin and cols (2015) explain that this situation of underreporting is repeated when the victims of violence are children, women, homosexuals, the elderly, the sick, the poor and the homeless, which leads to the interpretation that there are people who are not recognized as citizens and who lack rights. ⁸

In this study, reported cases of physical and sexual violence against men were described, with regard to sexual violence, 34 cases were reported, in addition to the literature pointing to underreporting, when it comes to studying the male sex, reflects the low demand of this group population to health services, explained by cultural issues related to machismo. In general, men believe that women need more care, while they should maintain a manly stance without showing any signs of weakness, fear, anxiety or insecurity. ⁹

Regarding the frequency of aggression, in physical violence: 41.6% and 32.4% in sexual violence were reported as the first time of violence, a limitation of this study is not being able to conclude whether it was the first time that these young adult men were victims of violence or if it was the first time notified at the health service. The awareness of the importance of notification, the breaking of paradigms and the continuous training in the diagnosis of situations of violence, bring subsidies for the construction of more effective public health policies,

Figura 2. Instrumento de agressão utilizado contra homens vítimas de violência física na cidade de São Paulo, 2014.



Fonte: Secretaria Municipal de Saúde da cidade de São Paulo, 2020.

sentinel surveillance of cases of violence, thus contributing to the solution of an expressive society's problem.⁸

According to the place of violence, in this study, the residence was the main place and the link between the aggressor and the victim, whether family members or acquaintances.

Another striking point observed in this study is the emphasis given by other authors with a focus on men as aggressors and not as victims. Although the aggressors are known and / or family members, predominantly male and young adults, a limitation of this study was not being able to identify the marital relationship. According to Cezario and cols (2015), with the focus on men as victims in heterosexual relationships, and violence between intimate partners in same-sex relationships, it is clear that the number of publications on the subject is still small and little discussed in the scientific universe, when compared to violence against women. Within the violence between intimate partners, both in homosexual and heterosexual relationships, women still appear as the main victim, even when men are also mentioned.¹⁰

As for the type of instrument of aggression, the use of body strength through slaps, kicks and punches stands out. As found in other studies, the use of body strength against women, the elderly and children and adolescents who have been victimized. In scientific literature, studies with victimized men are scarce.¹¹

The need for health care after the aggression suggests how much violence has an impact on health, which can have serious consequences, both physically and mentally. A possible consequence of men not seeking health services, the underreporting of cases of violence can be justified by the perception of violence as a police problem and not as a health problem.¹¹

The violent episodes involving the use of bladed weapons and firearms in the present study were the instruments used in both physical and sexual violence. Sin-

ce the violent acts committed with firearms cause more fatalities, having a greater impact on mortality statistics. In the pre-



The evolution of cases of assistance to victims of physical and sexual violence, 70% was discharged immediately.



sent study, most victims of aggression and were in an economically productive age range, between 20 and 39 years old. The fact that violence predominantly affects young victims is worrying since it determines high rates of potential years of life lost (anos potenciais de vida perdidos - APVP), depriving society of the economic and social contribution. Stab victims, on the contrary, survive mostly, and demand medical treatment, being incorporated into the morbidity statistics.¹²

Regarding the injuries and affected areas, the information is confirmed that the head region is the most prevalent, being the diagnosis of head trauma injuries.¹³ These data corroborate with the literature, where the head and face were the regions of the body most affected by victims of violence, in clinical reports were contusions, lacerations and fractures.^{14, 15, 16}

The evolution of cases of assistance to victims of physical and sexual violence, 70% was discharged immediately. This is reflected in knowing less severe injuries, which do not lead to death or hospitalization, but are responsible for demand in health services and can result in damage to physical and mental health for men. For this, it is necessary to plan public policies, seeking greater effectiveness in men's health care.¹⁷

Male involvement in greater proportion, with physical and sexual violence, according to the location of the occurrence, being the residence, followed by public roads. It is pointed out by some authors as a cultural and gender issue, since violence is a way of resolving conflicts between men, a socially acceptable behavior since human existence. The age characterized by young adults, the use of physical force, the use of the melee weapon and the use of the firearm are results that coincide with other researches that reflect the challenging behavior prevalent between different cultures, in which to participate in fights and to carry weapons constitutes a common form of interpersonal violence

in males. Some studies still point to this behavior as a result of family and social factors, among others.¹⁸ The period of occurrence is preferably at night and at dawn, it is suggested where a man is in his residence after his working day and on a public road and may be returning from his work activity or during leisure time. Another data also endorsed in the literature as a recurring practice, facilitated by the fact that the aggression occurs without interruption from other people, under the privacy of the home and at night. This domestic environment allows family members or people known and trusted to be the aggressors, making violence easier to be carried out and making it difficult to identify.¹⁴

In the present case series, men victimized by physical and / or sexual aggression, 24 cases had some type of disability, whether physical or mental. It is

worth mentioning the probable underreporting of the aggressions and the inadequate filling out of the notification forms for suspected and / or confirmed cases of accidents and violence by health professionals.¹⁹ They are discussed as possible contributors to the generation of conflicts, resulting in commitment and family breakdown. In the above, it is believed that violence is installed, victimizing especially men with disabilities, as they constitute a vulnerable public.²⁰

It is worth mentioning the importance of gender studies in the field of Collective Health, since masculinity has been configured as a relevant factor in the relationship between individuals and health services; it is imperative to develop technologies capable of involving and holding men accountable for their health, in addition to sensitizing them to the need for preventive and health

promotion actions. And even though it has been shown that male morbidity and mortality rates are higher for almost all causes, due to the low demand of men for health services.²¹

CONCLUSION

The characteristic of physical and sexual violence among men showed that the biggest victims are young adults (20 to 39 years of age), male aggressors and by the use of corporal force, which can result in a negative impact on the productive force of the country, in addition to increasing health sector expenses, such as the recovery and rehabilitation of victims, affecting social and economic productivity.

Prevention and care actions at individual, family, social and cultural levels are essential in order to reverse the reality identified in this work. 🌱

References

- Tavares FL, Leite FMC, Lima EFA, Cade NV, Coelho MJ. Homens e acidentes motociclístico: gravidade dos acidentados a partir do atendimento pré-hospitalar. *J. res. fundam. care. Online.* 2016; 8 (1): 4004-4014.
- Santos VC, Santos MG, Vilela ABA, Nery AA, Casotti CA, Boery EN. Padrões de mudança na saúde do homem a partir de indicadores demográficos e epidemiológicos. *J. res. fundam. care. Online.* 2015; 7 (2): 2569-2581.
- Lima JS, Deslandes SF. Olhar da gestão sobre a implantação da ficha de notificação da violência doméstica, sexual e/outras violências em uma metrópole do Brasil. *Saude Soc.* 2015; 24 (2): 661-673.
- Garcia Filho C, Sampaio JJC. Interfaces entre a história da violência e a constituição do território no Ceará: um esforço de síntese e periodização. *Saude Soc.* 2014; 23 (4): 1209-1221.
- Lindner SR, Coelho EBS, Bolsoni CC, Rojas PF, Boing AF. Prevalência de violência física por parceiro íntimo em homens e mulheres de Florianópolis, Santa Catarina, Brasil: estudo de base populacional. *Cad. Saúde Pública.* 2015; 31 (4): 815-826.
- São Paulo. Secretaria Municipal de Saúde. Sistema de Informação e Vigilância de Violências e Acidentes - SIVVA [Internet]. São Paulo: Prefeitura de São Paulo; 2013 [acesso em 16 março. 2016]. Disponível em: <http://www.prefeitura.sp.gov.br>.
- Rosa LW, Falcke D. Violência conjugal: compreendendo o fenômeno. *Rev. SPAGESP.* 2014; 15 (1): 17-32.
- Garbin CAS, Dias IA, Rovida TAS, Garbin AJI. Desafios do profissional de saúde na notificação da violência: obrigatoriedade, efetivação e encaminhamento. *Ciênc saúde coletiva.* 2015; 20 (6): 1879-1890.
- Codogno JS, Turi BC, Fernandes RA, Monteiro HL. Comparação de gastos com serviços de atenção básica à saúde de homens e mulheres em Bauru, São Paulo, 2010. *Epidemiol. Serv. Saúde.* 2015; 24 (1): 115-122.
- Cezario ACF, Fonseca DS, Lopes NC, Lourenço LM. Violência entre parceiros íntimos: uma comparação dos índices em relacionamentos hetero e homossexuais. *Temas psicol.* 2015; 23 (3): 565-575.
- Leite FMC, Bravim LR, Lima EFA, Primo CC. Violência contra a mulher: caracterizando a vítima, a agressão e o autor. *J. res. fundam. care. online.* 2015; 7 (1): 2181-2191.
- Ferreira TFA, Ribeiro LA. Epidemiologia das agressões atendidas pelo hospital das clínicas de Uberlândia e dos homicídios ocorridos no município de 2000 a 2004. *Biosci J.* 2009; 25 (2): 161-170.
- Garbin CAS, Queiroz APDG, Rovida TAS, Garbin AJI. Divergências entre histórico da consulta e diagnóstico médico de agressões físicas registradas nos prontuários de uma unidade de urgência e emergência. *Physis.* 2013; 23 (3): 951-964.
- Figueiredo MC, Cesar MO, Silva JP, Borba EMB. Prevalência de mulheres vítimas de violência no município de Porto Alegre e a influência de suas variáveis no âmbito odontológico. *RFO.* 2012; 17 (3): 254-260.
- Souza RB, Todeschini AB, Veiga JCE, Saade N, Aguiar GB. Traumatismo cranioencefálico por projétil de arma de fogo: experiência de 16 anos do serviço de neurocirurgia da Santa Casa de São Paulo. *Rev. Col. Bras. Cir.* 2013; 40 (4): 300-304.
- Correia TMP, Leal MCC, Marques APO, Salgado RAG, Melo HMA. Perfil dos idosos em situação de violência atendidos em serviço de emergência em Recife—PE. *Rev. bras. geriatr. gerontol.* 2012; 15 (3): 529-536.
- Malta DC, et al. Causas externas em adolescentes: atendimentos em serviços sentinelas de urgência e emergência nas Capitais Brasileiras – 2009. *Ciênc. Saúde Coletiva.* 2012; 17 (9): 2291-2304.
- Martins CBG, Mello Jorge MHP. Óbitos por causas externas em Cuiabá, 0 a 24 anos: perfil das vítimas e famílias segundo a intencionalidade. *Rev. bras. epidemiol.* 2013; 16 (2): 454-468.
- Rodrigues CL, Armond JE, Górios C. Agressões físicas e sexuais contra idosos notificadas na cidade de São Paulo. *Rev. Bras. Geriatr. Gerontol.* 2015; 18 (4): 755-760.
- Lima CC, Santos LES. Crianças vítimas de violência e autores da violência. *Pediatr. mod.* 2014; 50 (4).
- Bispo A, Dias AB, Pereira A. Procura por cuidados de saúde: questões de gênero e raça entre colaboradores negros de uma universidade. *J. res. fundam. care. online.* 2015; 7 (1): 1856-1866.